

File with:
Secretary of State
State Capitol, 7th Floor
1700 W. Washington Street
Phoenix, AZ 85007-2808

Attn: Election Services Division

ARIZONA
**PRINCIPAL / PUBLIC BODY
REGISTRATION AMENDMENT**
A.R.S. § 41-1232 (C)
TERMINATE REGISTRATION

****THIS DOCUMENT MUST
BE SIGNED BY THE
DESIGNATED LOBBYIST
AND NOTARIZED. PLEASE
SEE REVERSE SIDE.**

The principal or public body named below is registered with the Office of the Secretary of State pursuant to Title 41, Chapter 7, Article 8.1, Arizona Revised Statutes. The principal or public body hereby terminates the registration for lobbying and the engagement and authority of any and all lobbyists named in that registration. The final Annual Report must accompany this termination.

Please type or print clearly.

PRINCIPAL / PUBLIC BODY ID #:

NAME OF PRINCIPAL / PUBLIC BODY:

BUSINESS TELEPHONE #:

LOBBYIST ID #:

NAME OF DESIGNATED LOBBYIST OR DESIGNATED PUBLIC LOBBYIST:

BUSINESS TELEPHONE #

Terminate the following lobbyist for compensation named on the PRINCIPAL'S registration (Schedule A):

****SEE REVERSE SIDE FOR SPACE TO TERMINATE AUTHORIZED LOBBYISTS OR AUTHORIZED PUBLIC LOBBYISTS****

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

NAME OF LOBBYIST FOR COMPENSATION:

LOBBYIST ID #:

TERMINATE REGISTRATION

NAME OF PRINCIPAL / PUBLIC BODY

PRINCIPAL / PUBLIC BODY ID #

Terminate the following authorized lobbyists named on the PRINCIPAL'S or PUBLIC BODY'S registration (Schedule B):

NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:
NAME OF AUTHORIZED LOBBYIST OR AUTHORIZED PUBLIC LOBBYIST:	LOBBYIST ID #:

STATE OF _____)
COUNTY OF _____) ss

I, the undersigned, being duly sworn, state that this Registration Termination is complete, and that to the best of my knowledge and belief the information above is true and correct.

Signature of Designated Lobbyist / Designated Public Lobbyist

SUBSCRIBED AND SWORN TO (Affirmed) before me this _____

My Commission Expires

Notary Public